

The Link

 COLUMBIA UNIVERSITY | MAILMAN SCHOOL OF PUBLIC HEALTH



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Mailman Joins the Columbia Startup Lab

HPM is leading the effort to support the next generation of public health and healthcare entrepreneurs

This spring, MSPH Dean, Dr. Linda Fried, committed funds to subsidize two seats at the Columbia Startup Lab (CSL). CSL is a co-working facility that provides office space for 71

Columbia alumni entrepreneurs. The space is located in SoHo and was founded by Columbia Entrepreneurship – an initiative started in 2013 at the direction of University President, Lee C. Bollinger, and the University Board of Trustees. The space is subsidized by a number of Columbia’s schools and colleges, including Business, Engineering, Law, Columbia College, and the School of International and Public Affairs.

To apply for a spot at CSL, alumni submit an application outlining their startup’s business plan, including the industry problem their venture seeks to solve. Two HPM alums, Palmer

Rosen (MHA ‘15) and Sonali Nigam (MPH ‘13), were selected as MSPH’s first representatives at CSL, and moved into CSL on Monday, June 5.

Rosen is the founder of Gift Wellness, a company focused on providing clients with tailored digital good solutions, including gift cards. The idea for Gift Wellness came from an unrelated business venture of Rosen, who also heads up Arbitrize, an e-commerce software company that provides advanced automation solutions to hundreds of thousands of sellers on eBay. Gift Wellness’s primary objective is to deliver value to their client partners and raise awareness of the importance of employee wellness and productivity as a whole.

As Rosen developed his idea into a business, he obtained a gift card reseller license for over 200

ABBREVIATION KEY:

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| ACCL | ACCELERATED MPH |
| EXEC | EXECUTIVE MASTERS OF HEALTHCARE MANAGEMENT PROGRAMS (MPH, MHA) |
| DUAL | DUAL DEGREE PROGRAM |
| FTM | FULL-TIME MANAGEMENT MHA |
| CMPH | COLUMBIA MPH |
| HPM | DEPARTMENT OF HEALTH POLICY & MANAGEMENT |
| MSPH | MAILMAN SCHOOL OF PUBLIC HEALTH |
| PTM | PART-TIME MANAGEMENT MHA |

marketplaces and realized the tremendous opportunity not only inherent in the e-commerce space but also in the possibilities of using giftcards as incentives for employee wellness programs. Gift Wellness works closely with their client partners to provide the greatest discounts on name-brand products, such as Amazon gift cards. “Ultimately, our goal is to promote greater access to digital goods and the inclusion of digital goods as a mechanism to promote workforce productivity and employee wellness,” said Rosen.

Nigam, the other CSL participant, is developing her company Piccolo Pets, a health and wellness service for pets. Nigam and her husband experienced many of the gaps in the pet healthcare system firsthand when their 15 year old cat was diagnosed with end stage renal disease. Despite having pet insurance, Nigam and her husband spent thousands of dollars on care and made weekly visits to the vet. The experience was and continues to be stressful. When they realized that many friends, neighbors and acquaintances had faced similar challenges, Nigam decided to develop Piccolo Pets.

The vision of the Piccolo Pets team is to create a concierge service to address the health and wellness needs of pets whose pet parents are looking for a comprehensive yet simple way to take care of pets that are ill. The team is creating a tech-enabled service that coordinates care between traditional practitioners, holistic providers and pet parents.

Piccolo Pets is currently in prototype stage with angel investment. Nigam brings expertise in technology innovation, strategy and product management. Nigam has enlisted the help of Evan Tsun and Beatrice Lin (MPH’ 13), who serve as advisors. They bring hospital and practice management expertise to the team. Naveen Jayasundaram is a former management consultant who advises the team on raising funds and designing revenue models.

HPM NETWORK & INFRASTRUCTURE

HPM is excited to have alumni working at CSL. This collaboration coincides with HPM’s effort to bolster and formalize its entrepreneurship network and infrastructure in HPM. “One unique thing about HPM is that we are always pushing innovation,” said Rebecca Sale, Director of Academic Programs. “We recognize the value that our students and alumni bring to the healthcare workforce, and we’re constantly trying to find different ways to support them.” In the coming academic year, the department has four main goals related to this effort.

(1) Encourage HPM alumni and students to engage with the entrepreneurial community. The department will connect HPM alumni entrepreneurs with one another, and with current students, and it will leverage its vast network of healthcare leaders to provide important resources to alumni startups.

(2) Create an organized system that allows alumni to tap into new and critical resources that will help sustain their work. HPM also hopes to inspire current students to explore the startup sector by offering coursework in the field and financial support to alumni entrepreneurs hiring current student interns.

(3) Provide new connections on the Columbia main campus for HPM alumni and students through CSL.

(4) Encourage public health students and alumni to use new technologies and new business models to attack systematic problems and design new solutions in public health and the healthcare sector.

Alumni have been instrumental in shaping these goals, providing feedback to this initiative and strengthening the HPM and MSPH network. An alumni advisory group has been active in helping to design a strategic plan and make connections. Currently, HPM is building an online platform for alums to interact. Recently, Maria Forero (MPH ’14), Principal and General Partner at Ridgetop Health, was in touch with Vic Tandon (MPH ’06), Senior Manager, Innovation, Product Strategy at Blue Shield of California, who she met during a conference call designed to launch HPM’s effort. “Even though I didn’t know Vic, I felt like I knew him and he had the digital health expertise I was seeking,” said Ferrero. “I appreciated that he came from this tight group of alumni and immediately felt like we could work closely to find collaborative initiatives that would benefit and create value to both of us.”

In addition to formalizing this alumni network, this fall HPM will offer a new entrepreneurship elective to the full-time and part-time students as well as award a handful of stipends to select students to work with alums in the startup space.

To become involved or learn more about these efforts, please email Rebecca Sale at rlr2108@columbia.edu

Message from the Chair



“Medicaid has consistently defied the political odds, and (hopefully) will do so again.”

As I write this note, the Republican leadership in the Senate is working behind the scenes to convince fifty Senators to vote for the Better Health Reconciliation Act, and to thereby move ahead with the longstanding Republican opposition to the Affordable Care Act. The outcome of this political battle is far from clear, particularly given the deep divisions between conservatives (such as Ted Cruz, Mike Lee and Rand Paul) and moderates (such as Susan Collins, Dean Heller and Lisa Murkowski).

This political battle has enormous implications for every American. At the heart of the battle is the future of the Medicaid program, the nation’s largest health insurance program, covering one out of every five Americans. It provides reasonable and low-cost insurance to seniors in nursing homes, the disabled still living in the community, and poor and working class families. It is administered by the states, which split the cost with the federal government, but have significant discretion to implement innovative and diverse care management strategies. And it is an increasingly popular program, though it still struggles to escape the stigma of its welfare-based roots.

The ACA provides additional federal funding for states that choose to expand their Medicaid coverage. The Republican effort to phase out this additional funding is not a surprise, though it is poor policy (since this is one part of the ACA that works well) and also questionable politics (especially in the thirty-one states that adopted the expansion).

But the Republicans also seek to cap federal spending on Medicaid more generally, cutting almost \$800 billion in federal funding over the next decade, even though most of that funding has nothing to do with the ACA? Why add this effort to an ACA repeal proposal?

The “Willy Sutton” answer is that the broader attack on Medicaid is included because that is where the money is. Want to cut federal spending by hundreds of billions of dollars (so as to enable billions in tax cuts)? Medicaid is where to look, a target of opportunity the Republican’s could not resist.

But there also is a long history of Republican efforts to cap federal spending on Medicaid, beginning with Richard Nixon and Ronald Reagan and continuing with Newt Gingrich and Paul Ryan. Every prior effort has failed. Medicaid enrollment and program spending instead has significantly increased under every President, Republican or Democrat, since the early 1980s. Why? Because Medicaid benefits many and is a program with unexpected political resilience and influence!

Given this history, the Republican leadership made a predictable but politically unwise decision to take on Medicaid as part of their effort to repeal the ACA. Medicaid has consistently defied the political odds, and (hopefully) will do so again.

So, what should Mitch McConnell do? First, don’t use an effort to repeal the ACA as a vehicle to enact a \$600 billion tax cut. Instead, try to find a few Democratic votes for a more moderate proposal, one that could still allow Republicans to claim they have repealed “Obamacare.”

One such idea would be to eliminate the ACA Exchanges (which were a poor policy idea) and instead allow Exchange enrollees to buy-into Medicaid. Or use Medicaid as the heart of a “public option” strategy, allowing anyone to buy into the program. The Nevada legislature recently enacted such a provision, though the Governor vetoed the proposal. But I firmly believe that regardless of what happens in DC over the next month, we ought to use Medicaid as the path toward an affordable and truly “better” health system for all Americans.

Michael Sparer, PhD, JD
Professor and Chair

Student Spotlight: Andrew Vernon (PTM '17)

In 2006, Andrew Vernon enlisted in the Army. “The experience of serving made me mentally, physically, and socially stronger,” he says. “When you put the uniform on, you realize what a privilege it is to support and defend the freedoms of everyone here in the US and across the globe.” When Vernon completed his military service, he returned to civilian life with the daunting prospect of what to do next. He already held a degree in Exercise Science from Hofstra University, but he was unsure of how to translate this into a career. “Returning from my service proved to be a difficult transition,” he remembers. “When I was Honorably Discharged from the military, they didn’t put me on a track, in terms of careers, or job training.” While he contemplated his future and readjusted to civilian life outside of the Army, Vernon enrolled in his local VA facility. The move redirected his life and set him on a promising career path.

Vernon enrolled in the University of Maine with the GI Bill and earned a master’s degree in Kinesiology, Physical Education and Exercise

Science. While at UMaine, Vernon focused on advanced physiology and gained practical experience working closely with athletes on the Division I track and field team. After graduating, Vernon returned to the job hunt. “I began by searching for jobs at the VA because of the positive experience I had there as a patient,” he recalls. “Though every veteran has a different military experience, I felt that because of my status as a veteran and what I had experienced, I could provide veterans with patient centered, high quality healthcare.”

Vernon began his career at the VA as a medical support assistant, which was an administrative position, rather than a clinical role. “It was stressful,” he remembers, “I was serving close to five hundred patients a day. I learned to handle the nature of the position. The position made me stronger as a person, and I also learned the landscape of the VA—the rigors, the patients, and the healthcare landscape.” From there, Vernon stepped into a role as a telehealth clinical technician. The position offered him the opportunity to work with a small team to roll out a telehealth program across the VA nationwide. Vernon took on a marketing role, promoting the program to doctors, nurses and support staff. “It was a huge success,” he remembers, “We enrolled 5,000 patients within three months.”

In his current role at the VA, Vernon works as a physiologist and pulmonary rehabilitation coordinator. “Out of the 36,000 veterans at the hospital about 80 percent are overweight or obese, and that puts them at risk for heart disease,” Vernon says. “Many of them already have heart disease, so these patients are in dire need of cardiac and pulmonary rehab.” He discovered that many doctors and patients across the VA system were unaware of the cardiopulmonary clinic, and there was no information being circulated informing doctors about the services they offered. Vernon began setting up meetings and traveling to various facilities to increase awareness about the work the clinic was doing. His efforts paid off—the clinic’s patient volume increased by 50%, and they are now seeing more than 300 patients a month.



Andrew Vernon (PTM '17)

Vernon has been pro-active in creating and maintaining relationships with doctors and administrators from various facilities across the country. As his knowledge about the VA’s healthcare system operating procedures and policies have increased, Vernon has increased his broader involvement. “I am more than a physiologist,” he says. I see myself as a leader.” Vernon has made good on his vision. He has recently initiated several meetings with members of Congress on Capitol Hill to voice his support for the VA in the face of those who want to privatize the organization. “We need to be reasonable with our spending and reduce the current, significant cost of safety and security funding and move that into the pool of funding for healthcare,” Vernon argues. “Let’s hire more doctors to decrease the wait times. The VA has an aging infrastructure, and that’s becoming apparent in facilities across the nation with buildings that have been around since the 1920s and 30s. Let’s provide funding to modernize these facilities.” Furthermore, Vernon argues that VA leaders aren’t being held accountable for problems within the organization and that metrics aren’t being fully used to fund capital projects or improve patient satisfaction and wait times. Vernon supports Marco Rubio’s bill, which allows the Secretary to expedite the hiring and firing process of poor performing employees. “There are currently 15 vacancies for medical center directors nationwide,” Vernon says. “We need strong leaders to fill these positions, raise the morale, and prove to the American public and veterans that changes can be made.”

Vernon continues to voice his support for the VA. He recently returned from another trip to

“The experience of serving made me mentally, physically, and socially stronger. When you put the uniform on, you realize what a privilege it is to support and defend the freedoms of everyone here in the US and across the globe.”

Capitol Hill where he continued his discussions with members of Congress, and he has published an op-ed in his hometown newspaper in Maine making his case to save the VA. He credits the PTM program, where he is currently in his final year of coursework, for giving him the context and the confidence to step into a leadership position. “I wouldn’t be able to frame the kinds of conversations I’m having with members of Congress and Executive level leadership at VA if I didn’t have the experience the PTM program provided, Vernon says. “I now have more knowledge of policy and management to pursue legislation that makes sense for veterans and VA. I feel like this program has been a turning point in my career. The program has opened doors for me, but I am confident more opportunities will exist in the future.”

In addition to his professional obligations, Vernon devotes his free time to community work. He has served in the Medical Reserve Corps in Suffolk County, Long Island, as a board member and volunteer coordinator helping to mobilize medical personnel—doctors, physician assistants and nurses—to lend assistance in the event of a natural or man-made disaster. Vernon helped to increase the volunteer base for the program by recruiting medical personnel and others through the VA and in the local communities. Additionally, he currently serves as a board member, nominated by Governor Andrew Cuomo and

Appointed by the President, for the United States Selective Service System. In the event that the President reinstates a draft, the committee would review and rule on individual cases put before them. “This type of service is important to me because I want to be more involved in the community, not just in the workforce,” he says.

Vernon also lends his leadership and voice to the community in other ways. He was recently one of 40 rising government leaders nationwide selected to participate in the Volcker Alliance focus group. The group, comprised of administrators from various government organizations, discussed ways to improve public service. “The focus group provided an excellent opportunity for me to meet representatives from other government agencies and to express my opinions about what I’ve seen in the workforce,” Vernon recalls. “I felt honored to have been involved.”

As for his future, Vernon is keeping his options open. “I have pondered the idea of running for office,” he says, “but part of me wants to stay at VA and work my way up the career ladder. I will continue to see where my path leads. Columbia has opened doors, and I feel like I have more skills than I have ever had before. I feel confident. I feel competent. I feel ready to offer something, not just to VA and our great nation, but to the world.”

New Student Group: HPM Social Committee

By Celia Wright (MPH '18)

In an effort to better engage with prospective and current students on social media, the Health Policy & Management Social Media Committee was formed this spring. Both first- and second-year MPH and MHA students were involved.

The committee first met to identify growth opportunities and brainstorm future social media campaign content. Separate working groups formed from within the larger committee, with independent foci on Instagram, Tumblr, and video content.

The Tumblr working group created a Tumblr account, viewable at hpmmailman.tumblr.com. Content was generated to appeal to prospective students still considering enrollment in HPM. Working group members used a “Listicle” feature to generate entertaining lists outlining their enthusiasm for Mailman and HPM. Lists corresponded to a #CountdowntoCommitment campaign, which was created in the final days leading up to the April 15th commitment deadline. Several students had a hand in writing posts and selecting entertaining images and GIF files to accompany written material. The Instagram working group created a HPM account, viewable at [@hpm_mailman](https://www.instagram.com/hpm_mailman). Their first initiative was to market the #CountdowntoCommitment

campaign with numbered images corresponding to each day remaining until April 15th. Students from around Mailman and HPM were encouraged to share photos using the hashtag #YouveGotMailman. Posts with this hashtag capture students’ excitement about our academic programs and vibrant New York setting. Future Instagram content is underway, with plans to showcase the diversity of our department and student experiences. As with the #CountdowntoCommitment, the Instagram and Tumblr groups will continue to publish content in tandem.

A new video was created to highlight the interconnectedness of HPM students and our broader New York City setting. This piece was intended to capture both the fun and professional aspects of pursuing a Master’s degree in Public Health in our department, and how HPM students are truly “part of something bigger” in New York. Future content will highlight the experiences of individual students, showcasing the broad range of interests and backgrounds that inspire study in Health Policy & Management.

Alumni Profile: Q & A with Sonia Panigrahy (MPH '05)

You completed a BA in Economics at the University of Iowa with a Certificate in Global Health Studies. How did you become interested in healthcare, and what triggered your interest in public health systems as an undergraduate?

As a child, my father would read Indian bedtime stories to me—ones ending with a moral to symbolize the virtues of being intelligent, brave, patient, kind, and respectful. Then, for good measure, he would add in his own: the most important thing we need to protect is our health, because without that it is difficult to accomplish anything else in life. His perspective came from his experience growing up in a part of the world and during a time when too many people died prematurely from causes that were often preventable. This was the case with his parents and my mother's parents as well. Unfortunately, this tragedy continues to happen in our time and in our own part of the world.

I threaded together the past my parents shared with me, with the present, and entered college in the late 1990s. I sought a major that could help me shape the health systems of underserved populations to improve their overall well-being and quality of life. To refine my focus, I proactively sought resources, attended conferences, spoke to people, and read everything on healthcare I could find. One day, I was reading the university newspaper and there was an article about how gay men and certain minority groups were suffering disproportionately from increased HIV transmission rates. This was a time when the modes of transmission were publicly known. I realized that certain populations lacked access to life-saving information, and/or the ability to protect themselves. This meant that healthcare was not only what happened when the patient stepped into the doctor's office, it was also what happened before and after.

I enjoy problem solving and strategy. The complexity of identifying, aligning, coordinating and enhancing various influences within a healthcare system drew

me to public health. However, public health was only available as a graduate degree. As a career building block, I chose economics as a useful framework for understanding the factors that go a healthcare system. It also taught me about what influences decisions at the patient level. The Global Health Studies certificate was a new program at that time. Understanding the great fortune I had with this program, I took full advantage that included spending two summers in India doing HIV peer preventive education. I hope that one day I will be able to make contributions improving care delivery systems globally.

In 2005 you received your MPH in Healthcare Management, which has evolved into the MHA. How did your experience at Mailman influence your career trajectory?

During my time at Mailman, I took courses in both policy and management, but focused on the latter. There was an elective seminar course on quality improvement that opened my eyes to healthcare management. I had previously thought of healthcare systems working on a national or global level, rather than in the healthcare provider setting. I hadn't fully understood how much happens in healthcare behind the scenes, especially since most of us experience healthcare as patients who see very little of what is actually involved in providing healthcare services. In my mind, healthcare management became analogous to a theatrical production where different components come together behind the curtain to produce a seamless and satisfactory experience for the patient. The quality course peaked my interest and inspired me to do my practicum at Columbia NY Presbyterian Morgan Stanley Children's Hospital where I worked to reduce patient flow bottlenecks in pediatric operation rooms.

Patient flow is a pervasive issue for many healthcare provider organizations, and it impacts the clinical, operational, and financial components of the system. Working within a healthcare provider setting was a very tangible way for me to develop my



Sonia Panigrahy (MPH '05)

professional experience. I was drawn into a career that focused on finding ways to understand and manage the integration, alignment, and coordination of the various elements of quality care. Lastly, my choice to continue my career in healthcare management, but in the public sector, was influenced by the late Dr. Allan Rosenfield, the dean at the time I was a student. His legacy continues to be an inspiration and a reminder of the value of my MPH to do meaningful work to help those who need it the most. My graduation from Mailman was the last one he presided over, and for that, I am grateful to have been influenced by his leadership and vision.

In 2008 you became the Director of Performance Improvement at the Morris Heights Health Center in the Bronx. Talk about the transition from your role in a large hospital system like Memorial Sloan Kettering Cancer Center to a smaller primary care community health center. What were some of the benefits and drawbacks of each?

When I graduated from MSPH in December 2005, I wanted to work in community hospitals, which at that time were financially struggling and did not have open positions. I was fortunate to land a position as a Quality Improvement Analyst at Memorial Sloan-Kettering Cancer Center (MSKCC). The benefit of this position is that I gained incredible knowledge about how high quality healthcare systems function. Yet, large organizations, including hospital systems, are often so well-structured that staff work in very defined positions in very specific areas. Instead of being an expert in one area, I wanted more of a generalist position and the ability to gain greater exposure to more layers of the

healthcare delivery system. Additionally, I was ready to return to my original mission to enhance the healthcare system for underserved patients. Unexpectedly, I was invited to interview to be a Director of Performance Improvement at a large multi-site federally qualified health center (FQHC) in the Bronx. Many people questioned my decision to leave a world-renowned institution in one of the nation's most affluent zip codes to work in a community health clinic in one of the nation's poorest zip codes. To me, it made perfect sense. This was my chance to help optimize a healthcare delivery system serving some of the sickest patients with the most obstacles in securing good health outcomes. The downside to such a position in a low-resource organization was not having enough staff to support changes. I was that one person for the entire organization with no team to share the work. However, this was my chance to be creative, roll up my sleeves, and get my hands dirty. My enthusiasm to make changes was not met with resistance (as can often happen in larger organizations) but open doors. I evaluated various clinical, operational, and financial systems to identify improvement opportunities. This was accomplished by creating a data-driven quality improvement (QI) infrastructure that spanned the organization. The QI infrastructure clarified problem areas to focus performance improvement (PI) projects that I facilitated. As one person, I was determined to enhance the organizational capacity for more staff to conduct PI projects by creating and teaching a curriculum. One of my proudest accomplishments was designing a Hepatitis C clinic, which was innovative in that patients could receive a complicated treatment regime in a community health clinic, not a hospital. The initiative, requiring no additional resources, led to patients being successfully screened, diagnosed, and treated by a cohesive care team that managed their clinical, behavioral and social needs. I owe the majority of my professional experience to this role.

You are currently the Director of Clinical Quality Improvement in the Department of Quality & Technology Initiatives at the Community Health Care Association of New

York State (CHCANYS). Talk a bit about how CHCANYS influences state policy and discuss your responsibilities in this role.

In my work in the Bronx, I became aware of CHCANYS and appreciated the support they provided to community health centers statewide. The opportunity to work at CHCANYS meant I could bring my experience from one FQHC, foster it, and spread that knowledge to the over 60 FQHCs that operate over 600 individual clinic sites throughout New York State serving nearly 2 million patients annually. CHCANYS is New York State's primary care association (PCA) and works tirelessly to support community health centers to ensure patients receive the best quality care. CHCANYS advocates for policies and resources that protect our health centers' ability to do the work that underserved communities rely on for their healthcare and supportive services.

In my role at CHCANYS, I support a team that coaches' health centers on quality and technology initiatives as a means of moving towards a value based care system. We inform health centers of policy changes and how to translate these changes into practice. Health centers are further supported by advocacy, training and education, and workforce development. It is critical that an organization in such a position serves as the voice for community health and primary care. These institutions support population health in a way that produces better health outcomes in cost-effective ways. I find it fulfilling to work in this angle of healthcare and I enjoy working with primary care providers in the community healthcare setting.

In addition to being a healthcare administrator, you are the author of *Nina the Neighborhood Ninja*, a children's book about a smart young girl whose neighborhood adventures bring out her strength and compassion. How did you get the idea for the book? What do you hope readers will take away from the book?

As a new generation of children came into my life, I wanted to pass along my love of reading. We often say that a child's brain is

like a sponge, and books are a wonderful way to help them absorb life's lessons. However, I noticed that it was much easier to find empowering books for boys than for girls. There were plenty of adventurous male characters to choose from, but when I searched for similar stories for young girls, I found the selection dismal. Many books aimed at girls were subtly telling them how to and how not to behave. The message sent to children through books is that we don't allow both boys and girls to equally find universal and valued themes of confidence, curiosity, braveness, creativity, strength, intelligence, kindness, compassion, generosity, and resilience. Girls lack examples of strong lead characters, and this has negative influences for both girls and boys. After exhausting my options, I took the advice of Toni Morrison: "If there is a book you want to read, but it hasn't been written yet, you must be the one to write it."

I created *Nina the Neighborhood Ninja* about a young five-year-old girl of color. The character is a relatable role model—her superpowers are that she is smart, strong, and speedy. Just like any superhero, she symbolizes morality, justice, strength, and intelligence. Children's books not only underrepresent and misrepresent female characters, they do the same for minorities. Females comprise half of the US population, and minority children under the age of 5 years became the majority in July 2015. Yet the children's publishing industry has been stubborn to reflect this reality. The consequence of this is that children learn about the world by reading books that do not include them. Children need to see themselves in books to help validate their value in society. In addition, the book has been translated into Spanish *Nina la Ninja del Vecindario*, increasing the access of literacy to more children. It's been encouraging seeing how children are connecting to the character and the adults that support the message. I would urge those who support the message behind the book to learn more at www.soniapanigrahy.com.

Faculty Corner: Q & A with Dr. Matthew Neidell



Prof. Matthew Neidell

"In college, I started out by studying environmental engineering because I was passionate about the environment," Professor Matthew Neidell recalls, "but one thing I've learned from economics is that you're not necessarily passionate about something—it's much more about being objective and asking how things work." Neidell switched from engineering to economics near the end of his sophomore year at Duke. "Ultimately, economics spoke to me. It's very intuitive the way the logic works," he says. After he graduated from college, Neidell worked for a few years as a consultant at Price Waterhouse in DC before pursuing his PhD. "I got a job in the DC office, doing government consulting," he recalls. "My plan was to spend one year there and apply to grad school, but I liked working in consulting. I learned a lot of useful project management skills that are still valuable to this day."

After earning his PhD in Economics from UCLA, Neidell applied for jobs across the country and ultimately found a home in HPM. He admits that he was impressed by the faculty and the work environment at Columbia. "When I was on the job market, people warned me that working in a school of public health would be very different from working in an economics department," Neidell recalls, "but one of the nice things about economics is that there is a basic economic toolkit that can be applied in a variety of different contexts, and one context is health and the environment, which is the focus of much of my work."

Over the past few years, Neidell has been concentrating on several studies that examine the effects of air pollution on worker productivity. In one study, he examined data from a fruit farm in California. Because the workers were paid piece rate, there were daily records of their productivity. Neidell and his

team could track a single worker's productivity across several growing seasons. In examining the data, Neidell found a clear pattern—when pollution levels went up, worker productivity fell. "Normally, when you think about environmental regulations, you think about them as being bad for the economy," Neidell explains. "But this study proposes the opposite: if we have a cleaner environment, we are a little healthier and more productive on the job. So, on the one hand, yes, environmental regulations can harm the economy through job loss, but on the other hand, if that leads to better air quality, that can improve worker productivity."

Neidell and his team wanted to refit the study to consider other sectors beyond agriculture, so they took the same model and applied it in a manufacturing setting. This time, Neidell and his team examined workers in a pear-packing factory in California. These workers were also paid piece rate for each box they filled, so again, the data showed daily measures of productivity. The study focused on one particular pollutant, fine-particulate matter, which is known to penetrate indoors. "We found a very similar outcome with this study—as pollution went up worker productivity went down. The levels of pollution that we're talking about aren't very high—we have pretty good air quality in the US. So we're talking about clean days compared with really clean days, and we still saw changes in productivity at very low levels of pollution." A third study, set in a travel agency in China, examined the effect of air pollution on workers with more traditional desk jobs. These workers were paid partially based on the number of phone calls they completed. "We used the same model from the previous study and looked at how pollution relates to the output of the worker on a given day," Neidell explains, "and again we found a similar pattern—when pollution gets higher, the workers completed fewer phone calls."

Neidell is currently working on a similar study as part of an HPM Investment Grant. For this project, he and his team are examining the relationship between pollution and preferences. "In economics we consider preferences to be fundamental factors that affect our daily decisions," Neidell explains. "For example, one preference is risk-aversion. Are you the type of person that takes a gamble when you have a

chance at a big payout but the odds may not be so high? Are you very impatient and focused on the present, or are you more patient and forward-looking in your behavior?" As part of the study, students complete a survey to determine measures of their basic preferences. The team has installed a pollution monitor on the 12th floor balcony of the Rosenfield building which captures measures of air pollution every 15 minutes. They plan to correlate the pollution measurements with how the students respond on the survey. Students will be brought into the lab twice to see how their preferences change based on the pollution readings. In addition to Columbia, labs will be set up at universities in Mexico City and San Diego. "If subtle levels of air pollution affect people's choices—attitudes toward risk or thinking about decisions over time," Neidell says, "I think that could be really important for larger life decisions."

In addition to his research, Neidell teaches a range of classes across HPM's programs, including Healthcare Economics, Environmental Health Economics and Analysis of Large Scale Data. Neidell likes teaching Healthcare Economics in the CORE because he enjoys helping his students discover a different way of looking at healthcare issues. "Many students come into the program with a very strong advocacy perspective," Neidell notes, "but in economics, we flip some of those notions. The hope is that students re-examine the policy issues that they have an automatic response to and think, 'how can we think about these policies in an economic framework?'"

Neidell is cautious when it comes to reconciling the economist's mindset with his support for environmental issues. "Economists tend to take a cynical view on policy approaches, and I think part of that is that the heart of economics is thinking about markets and how markets work. And a lot of environmental policy approaches involve trying to stop markets," Neidell muses. "Sometimes economists are passionate about free markets, and that distorts their views; I try not to go down that path. Sometimes markets work perfectly fine on their own, and sometimes they don't."

Have You Heard?

HPM Faculty & Staff

HPM Professor and Chair **Michael Sparer** was awarded the CORE teaching award.

HPM Professors **Thom Blaylock, Tal Gross, Nan Liu and Ira Lamster** will be leaving HPM. We wish them the best!

Congratulations to HPM administrator **Cecilio Mendez** and his wife who welcomed a baby girl in June.

Professor and Chair **Michael Sparer's** Op-Ed "The Best Replacement for Obamacare Is Medicaid" was published in the New York Times (May 2017).

HPM Professor **Mark Bittman's** Op-Ed "Health Leaders Must Focus on the Threats From Factory Farms" appeared in The New York Times (May 2017).

HPM Professors **Matthew Neidell** and **Ira Lamster's** article "Cost-effectiveness of diabetes screening initiated through a dental visit" was published in *Community Dentistry and Oral Epidemiology* (February 2017).

Yuna Lee, the newest addition to the HPM faculty, will begin teaching Managerial and Organizational Behavior in the fall of 2017. She was recently awarded Best Paper by the Health Care Management Division of the Academy of Management for her publication "Fostering Implementation of Staff's Creative Ideas to Improve Patient Health Care Experiences."

HPM Professor **Claire Wang's** article "Implementation of a School Nurse-led Intervention for Children With Severe Obesity in New York City Schools" was published in the *Journal of Pediatric Nursing* (July-August 2017).

HPM Professor **Jeanne Stellman's** article "Women at war: the crucible of Vietnam" was published in *SSM-Population Health* (February 2017).

HPM Professor **Adam Sacarny's** article "Nudging Leads Consumers In Colorado To Shop But Not Switch ACA Marketplace Plans" was published in *Health Affairs* (February 2017).

Introducing HPM Staff & Faculty



Mark Bittman is the author of 20 acclaimed books, including the How to Cook Everything series, the award-winning Food Matters, and The New York Times number-one bestseller, VB6: Eat Vegan Before 6:00. For more than two decades his popular and compelling stories appeared in the Times, where he was ultimately the lead food writer for the Sunday Magazine and became the country's first food-focused Op-Ed columnist for a major news publication. Bittman has starred in four television series, including Showtime's Emmy-winning Years of Living Dangerously. He has written for nearly every major newspaper in the United States and many magazines, and has spoken at dozens of universities and conferences; his 2007 TED talk has more than a million views. He was a distinguished fellow at the University of California (Berkeley) and a fellow at the Union of Concerned Scientists; he is a member of the faculty of Columbia University's Mailman School of Public Health. Throughout his career Bittman has strived for the same goal: to make food, in all its aspects, understandable.



Erin Y. Burk-Leaver, MPH, MA, recently joined HPM as a Program Coordinator. Prior to joining HPM, she worked at the Center for Elder Abuse Prevention (Center), at Jewish Senior Services, in Bridgeport Connecticut, as a Program Coordinator and Community Advocate. At the Center, Erin provided direct response, investigation and case management of elder abuse-related reports. In addition, she developed and implemented public awareness and educational outreach programs to inform healthcare professionals, families, and community members on how to identify, respond to and reduce the adverse effects of violence against elders. She sat on the Law Enforcement and Elder Financial Exploitation Prevention action teams of the Coalition for Elder Justice in Connecticut (CEJC), and she chaired the Coalition for Abuse Prevention of the Elderly (CAPE) for four years. Erin received a dual Masters in Bioethics and Public Health from Case Western Reserve University. While in academia, Erin focused on utilizing concept models for research knowledge transfer, exchange and creation to promote empowerment and facilitate self-advocacy skills in older women living with HIV. In her free time, Erin enjoys the outdoors, is a beekeeper, and has volunteered as a certified firefighter for over 10 years.

HPM Healthcare Conference

The 6th Annual HPM Healthcare Conference took place on April 21 at the Columbia Club in Midtown. The event attracted current students from all HPM programs as well as alumni, professors and leaders in the healthcare field. Read on for a brief recap.

Keynote Speech: *Health Equity in the Age of Trump: Mission Possible?*

By Emily Allen (MHA'18)

The conference began with an enlightening keynote address by Dr. Robert E. Fullilove, Associate Dean for Community and Minority Affairs in the Mailman School. To address the history of health equity, Dr. Fullilove spoke about his family's lineage in medicine, when African American patients were still segregated, and his own involvement in the civil rights movement. Dr. Fullilove also spoke about his work in HIV/AIDS research and highlighted how community infrastructures and an ineffective corrections system have disproportionately impacted the African American community. A key takeaway of the discussion was the importance of healthcare leaders responding to the call to create and maintain healthy communities in order to move towards health equity.

Dr. Fullilove's discussion concluded with a video of the Bard College Prison Initiative (BPI) graduation. The BPI program, to which Dr. Fullilove serves as a Senior Advisor, creates the opportunity for men and women serving sentences to earn a college degree while incarcerated. Dr. Fullilove's discussion put a public health lens on incarceration and the impact of the prison system on health equity. The keynote wrapped up with a call for volunteers for the program, and for the continuing effort to advance the health of all communities across the United States. Dr. Fullilove's presentation was an engaging introduction to an exciting conference.

Keynote Speech: *Health in 5 Digits*

After the conclusion of Dr. Fullilove's speech, Dr. Michael Sparer introduced the second keynote speaker, Congresswoman Robin Kelly. Congresswoman Kelly opened her talk with a bit of background about her path and the work she does in Congress. Though the Congresswoman was born and raised in New York City, she is proud to represent Illinois second congressional district, an area in the southeastern section of Chicago, which includes urban, suburban and rural communities and more than 700,000 people.

Congresswoman Kelly discussed her role as the Health Braintrust Chair of the Congressional Black Caucus. In her



Keynote Speakers, Congresswoman Robin Kelly and Dr. Robert Fullilove

position as chair, she is focused on the topic of health equity which she describes as "an abstract concept that's coupled with a life and death reality."

Congresswoman Kelly discussed the importance of an individual's zip code as a significant set of digits linked to health disparities. "To me, health equity will be achieved when the zip code you are born in stops determining how long you live or how healthy you are," the Congresswoman said. She noted specific areas, including mental health, rural health, addiction and gun violence, which predict a negative health outcome in each of these areas.

The Congresswoman described her work in DC which focuses on making healthcare accessible and affordable, despite an individual's zipcode. She is currently focused on passing the Health Equity and Accountability Act (HEAA) and supporting community-centric care with localized resources for residents and telemedicine. "Global connectivity has linked people in new and profound ways," the Congresswoman noted, "let's leverage that connectivity and the infrastructure that's already built to serve the millions living in vulnerable rural and inner-city communities that are medically underserved."

Congresswoman Kelly urged audience members to contact Congress members to voice opinions on healthcare issues and to continue the healthcare conversation by reaching out to Congress and offer to answer questions or facilitate roundtable discussions.

Session 1—Tech: Connecting to Care

Roundtable Discussion with Dr. S. Yunkap Kwankam

By Rachel Key (DUAL '17)

At this session, students and alumni discussed the policy implications of e-health advances with a true veteran in the field—Dr. S. Yunkap Kwankam, the founder and CEO of Global eHealth Consultants, a Swiss consultancy group on eHealth policy and strategy. Drawing on his background as the founding eHealth coordinator at the World Health Organization, Dr. Kwankam explained the key players in the current global regulatory environment, discussed alternative uses for m-health technology and laid out the biggest hurdles to implementation of e-health interventions around the world. Because of the informal, discussion-style format, current students were able to ask many questions of varying themes including which country's privacy and care laws apply when providing consultations internationally, how to leverage m-health technology for increasing accountability for healthcare funding in developing countries, and what current research is being conducted to compare health outcomes and quality of care using telemedicine versus standard methods of care. This was a very exciting topic and one thing is clear: Dr. Kwankam will continue to play a very important role in this rapidly evolving field for years to come.

Tech: Connecting to Care Panel

By Patricia Donskoy (MHA'18)

The panel dove into discussion of telehealth ranging from definitions of telehealth today to challenges such as regulatory restrictions and consumer engagement. This dialog, moderated by HPM Professor, Miriam Laugesen, highlighted that telehealth is no longer a novel concept, but is well integrated into our health system on multiple levels. All the panelists, Katherine Ryder, Founder CEO of Maven Clinic, Dr. Peter Fleischut CIO and CMO of New York-Presbyterian, and Karen Moran, VP of Ancillary Products and Health of Specialty Business at Emblem Health, discussed in-depth telehealth applications for serving patients in need and improving access through cost efficient means. Panelists agreed that regulatory restrictions limit the capabilities of telehealth. For example, restrictions of selling insurance across state lines limits access to telehealth resources and for providers, legal and regulatory concerns extend innovation and implementation cycles. Additionally, engaging consumers was a top priority for all. Finding strategies to engage target patients and educate them about telehealth service potential is a continuing interest of payers, providers, and telehealth developers. Overall, insights from panelists indicate that telehealth continues to transform and increase access to comprehensive, quality healthcare which contributes to increasing health equity.



Katherine Ryder, Peter Fleischut, Karen Moran and Miriam Laugesen

Roundtable Discussion with Paul Wilder, Chief Information & Innovation Officer, New York eHealth Collaborative (NYeC) By Divya Devli (MHA'17)

The Tech: Connecting to Care Roundtable Discussion explored details of the partnership between The New York eHealth Collaborative (NYeC) and the New York State Department of Health to improve healthcare for all New Yorkers through health information technology. The discussion was led by Paul Wilder, Chief Information and Innovation Officer of NYeC. Mr. Wilder discussed the formation of SHIN-NY (Statewide Health Information Network for New York) which provides statewide patient identity matching and medical record routing between providers statewide. By offering providers an easy and secure way to share electronic health information, this initiative has significantly improved patient safety and care while reducing wasteful cost in the system.

The discussion further explored Mr. Wilder's work with driving the adoption of health information technology for New York's healthcare providers in all patient care settings. The adoption of information technology and the sharing of clinical and administrative data across the boundaries of healthcare institutions has helped achieve the Triple Aim of healthcare: improving care for individuals, bettering health for populations, and reducing costs.

The participants, including current and future healthcare leaders, were excited to hear all the progress New York has made to improve patient care, and discussed several groundbreaking ideas to further elevate patient care through the use of technology.

Session 2—Health Equity, What's Working? Perspectives from Federal, State and Local Governments

Health Equity from Different Perspectives: The Panel Discussion

By Marilyn Erazo (DUAL '17)

Dr. Larry Brown, the panel moderator and a Professor in HPM, kicked off the discussion by asking the panelists what their respective level of government is doing to improve health equity—including healthcare systems and social service systems. Dr. William Jordan, Director of Health Equity in All Policies at the Center for Health Equity in the New York City Department of Health & Mental Hygiene, emphasized that his department looks at how to undo historic and current social injustices that are at the core of health inequity in NYC. “There is a need to reinvest in infrastructure and underinvested sectors that play a large impact or role on health,” Dr. Jordan explained. Carlos Cuevas, the Senior Policy Advisor to the New York State Medicaid Director, emphasized the challenges he faces at the state level, particularly the difficulty of allocating scarce financial resources to be most useful in all parts of the state— from the urban centers to the rural areas. Dr. Claire Wang, an Associate Professor in HPM and a recent Fellow and Special Advisor at the US Department of Health and Human Services (HHS) discussed her time at HHS, where she worked in the Office of the Assistant Secretary for Health (OHASH). Dr. Wang described how during the Obama administration, there was a large emphasis on data collection, research, improvements on rules and regulations, and improving coordination and leadership. During the previous administration, an Executive Council on Social Determinants of Health was established. However, with the new administration, Dr. Wang described the uncertainty regarding the many initiatives created to improve health equity across the country. This panel provided deep insight into how difficult health equity is to improve at all levels, but that a commitment to improve health equity from all three levels of government is crucial to success.

Roundtable Discussion with Patricia Yang, Senior Vice President for Correctional Health Services, New York City Health and Hospitals

By Laryssa Boyko (MPH '17)

Patricia Yang, Senior VP for Correctional Health Services with the New York City Health and Hospitals, led an intimate and engaging Roundtable Discussion on how NYC delivers correctional health services. She began the roundtable with a quick introduction and walked through her background as a native New Yorker who had served in the Mayor’s Office as Executive Deputy Commissioner of Health as well as Chief Operating Office for the NYCDOHMH. Dr. Yang gave a detailed background of the NYC correctional system and discussed Mayor de Blasio’s plan to reform the NYC correctional system and close Rikers by 2027. De Blasio’s plan included giving Health and Hospitals Corporation (HHC) the sole responsibility for providing healthcare to the tens of thousands of inmates moving through the correctional system. Dr. Yang spoke about how those in jail access care: a grueling process that may require up to 19 hours for only a 15 minute consultation with a doctor. Moving patients is not easy because of the security and process requirements to move inmates. Dr. Yang hopes that satellite clinics closer to housing units and telehealth capability will make the system more efficient.

Dr. Yang was most excited to speak about the PACE units. These are therapeutic units for patients at risk of harming themselves or others and include a larger, more stable staff that is able to provide a consistent environment and a higher level of care and engagement. There are lower incidences of violence in these PACE units and so far, patients are seeing better health outcomes. For example, medication adherence is at 90% --a rate

that is much higher than the general population. There are four PACE units in place now with plans to convert 12 more in the near future. Discussion around the PACE units brought the round table back to a foundational fact: that those in jail still have a right to healthcare under the 13th amendment. Dr. Yang and her team are trying to serve these patients the best way and holistic initiatives such as the PACE units are definitely the right step forward.

Health Equity, What’s Working? Perspectives from Federal, State, and Local Governments

By Atef Rafiuddin (MHA '18)

The *Health Equity, What’s Working?* Roundtable Discussion explored the details of health equity on a granular level. The session was led by Arthur Gianelli, President of Mount Sinai St. Luke’s, and featured participation from nearly all attendees. The discussion began by allowing participants to frame their own definition of health equity. The general consensus described health equity as a state in which, an individual’s health is not compromised by social conditions. Regardless of demographics, socioeconomic status, and geographic location, all individuals have the same opportunity to attain the highest level of health.

After defining health equity, participants moved towards discussing feasibility and the responsibility of health systems in tackling this issue. Essentially, the issues of health equity are rooted in social constructs and policies. Whether or not health equity was a health system’s responsibility was debated. It was argued that the ultimate goal should be to advocate for a change in social policies and structures for effective change. However, as long as social determinants effect an individual’s health, it is the health system’s responsibility to ensure that barriers don’t get in the way of the physical, social, and mental health of the individual.

Session 3-- *At What Cost? Drug Pricing and Access*

Roundtable Discussion with Lewis Tepper, Principal at Aston Partners

By Mahathi Nagarur (MHA'17)

The afternoon wrapped up with a stimulating discussion about pharmaceutical drug pricing and how it affects patients' ability to access drugs that they need through the course of their medical treatment. Lewis Tepper, Principal at Aston Partners, led the Roundtable Discussion, which brought up many interesting points. The public health community is quick to place the blame on pharmaceutical companies for increasing healthcare costs. However, pharmaceutical expenditure only accounts for ten percent of all healthcare expenditure in the United States. So, why are we, as a discipline, so quick to place the blame on them? Are we quick to judge for-profit entities, or do we truly believe that the pharmaceutical companies do not act in the best interest of the consumer? And what about the fact that most pharmaceutical CEOs are held responsible for shareholder's profits? Are the same people who complain about drug prices being too high also interested in getting a higher return on their stock investments?

Participants argued both viewpoints, drawing from their expertise in their respective industries and careers. However, one thing that everyone could agree on was that pharmaceutical prices are too high, and it is ethically irresponsible to leave them there at the cost of patient access.

Panel Discussion—*Drug Pricing, At What Cost?*

By Sneha Soni (MHA'18)

The conference concluded with a lively panel discussion on drug pricing as it pertains to health equity. John Doyle, SVP of Advisory Services at QuintilesIMS and faculty member at Mailman, moderated the conversation among a diverse set of participants with expertise in various healthcare sectors. The panel kicked off with a conversation on the impact of drug pricing on access and innovation.

John McManus, the President and Founder of the McManus Group, stressed the importance of financial incentives in promoting drug development and innovation. However, Monica Mehta, Clinical Pharmacist at NYP, argued that high drug costs limit the quality of care patients can receive. She explained the challenge in developing hospital formularies while balancing drug cost and effectiveness and prioritizing patient care and safety. Allan Clear, Director of Drug User Health at the NY State DOH, emphasized the need to expand the availability and access to drugs regardless of cost for disenfranchised populations vulnerable to drug misuse.

The future of drug pricing remains perplexing; however, there was an overall consensus among all participants for the need to increase the access of innovative drugs to all patients. The key takeaway was to develop solutions, with the collaboration of all healthcare stakeholders, to maintain drug innovation while striving for greater health equity.

Roundtable Discussion with Faisal Mushtaq, Chief Executive Officer, Truveris

During this roundtable discussion, conference participants pinpointed reasons why individual consumers and businesses are over-spending on prescription drugs. Faisal Mushtaq, CEO of Truveris, led the frank conversation by identifying the important players – pharmaceutical manufacturers, pharmacy benefit managers (PBM), insurers, consumers and providers—and analyzing how these players impact drug pricing. Truveris has a unique role in the healthcare system as a leading prescription drug software and benefits analytics company. The company has developed a platform that uses an average price for all prescription drugs, weighed by utilization, in order to provide valuable and useful data to its customers. One example Mushtaq noted was of a large, publicly-traded company who reduced their prescription drug cost by tens of millions of dollars by understanding their true costs and employee utilization. Truveris' mission is to democratize data and access through technology and to "simply make it transparent how we each pay for prescriptions." Insight from Mushtaq, his development of Truveris, and the drug pricing ecosystem uncovered the impact of expensive drugs on healthcare spending.

In this context, the conference theme of health equity was discussed through a different lens. Mushtaq provided an in-depth view into a complex and opaque part of the system, but demonstrated there are new ways of thinking about how to make medications accessible and affordable to all populations.

2017 HPM Conference Program At a Glance

Keynote Speakers

Robert E. Fullilove, Associate Dean for Community and Minority Affairs and Professor of Clinical Sociomedical Sciences, MSPH & Co-Director of Cities Research Group
Keynote Title: *Health Equity in the Age of Trump: Mission Possible?*

Congresswoman Robin Kelly (D. Illinois)
Keynote Title: *Health in 5 Digits*

Afternoon Program

Session 1

Tech: Connecting to Care

Roundtable Discussion: Paul Wilder, Chief Information & Innovation Officer, New York eHealth Collaborative (NYeC)

Roundtable Discussion: Yunkap Kwankam, Chief Executive Officer of Global eHealth Consultants (GeHCs)

Panel

Moderator: Miriam Laugesen, Associate Professor, Department of Health Policy & Management

Peter Fleischut, Chief Innovation Officer, New York-Presbyterian

Karen Moran, Vice President of Ancillary Products of EmblemHealth

Katherine Ryder, Maven Health & Wellness Designed for Women

Session 2

Health Equity, What's Working? Perspectives from Federal, State and Local Governments

Roundtable Discussion: Arthur A. Gianelli, President, Mount Sinai St. Luke's

Roundtable Discussion: Patricia Yang, Senior Vice President for Correctional Health Services, New York City Health and Hospitals

Panel

Moderator: Larry Brown, Professor, Department of Health Policy & Management

Carlos Cuevas, Senior Policy Advisor to the New York State Medicaid Director

William Jordan, Director, Health Equity in All Policies, Center for Health Equity, New York City Department of Health & Mental Hygiene (DOHMH)

Session 3

At What Cost? Drug Pricing and Access

Roundtable Discussion: Lewis Tepper, Principal, Aston Partners, LLC

Roundtable Discussion: Faisal Mushtaq, CEO Truveris

Panel

Moderator: John Doyle, Senior Vice President, Advisory Services, QuintilesIMS

Allan Clear, Director of Drug User Health, New York State Department of Health, AIDS Institute

John McManus, President, The McManus Group

Monica Mehta, Clinical Pharmacist, Infectious Disease, New York-Presbyterian

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HPM Spring Events

In addition to the 2017 HPM Healthcare Conference, the department hosted several other exciting events this spring. Here's a recap, in case you missed it.

A Roundtable Discussion with Richard Barasch

By Marilyn Erazo (MHA '17)

In March, Richard Barasch, CEO and Chairman of Universal American, led a *Roundtable Discussion* for HPM students. The event took place just before congress voted on the republican-sponsored AAHC bill, and Barasch expressed his viewpoints on the ACA and current Republican healthcare reform efforts. Barasch referred to himself as an “old-lefty,” and reiterated his belief that access to adequate healthcare is a matter of public safety.

Barasch began his career practicing law after graduating from Columbia Law School. After the Medicare Modernization Act, Barasch began working in Medicare managed care. He spoke about his work at Universal American, specifically the challenges the company weathered in 2014 and 2015 and the more than 20 acquisitions the company completed during his tenure.

On the whole, Barasch believes that the ACA was a success for the working poor. Through Medicaid expansion, 12 million people were added to Medicaid and Medicare advantage grew 40% under Obama. He noted a few drawbacks as well, including that the mandate was not strong enough, and in order to be successful, the bill should have required enrollment. The result was a creation of an imperfect participant pool without enough young, healthy participants enrolled to offset healthcare costs.

Barasch ended the discussion by emphasizing that patients can be consumers, but there is a need for market transparency in the healthcare field. There also needs to be a better use of primary care providers to ensure the system functions efficiently.

Healthcare in the Round: It's a Wrap!

This spring HPM wrapped up its four-part discussion series *Healthcare in the Round*. In March, Michael Sparer interviewed Dr. Jonathan Perlin, President of Clinical Services and Chief Medical Officer of the Hospital Corporation of America (HCA). Perlin discussed his career progression from the clinical side of healthcare—as a molecular neurobiologist and a physician—to his role as the CEO of the VA Healthcare System and his subsequent move to HCA. Perlin, an early proponent of telehealth and the implementation of electronic health records, discussed the importance of collecting big data in a large hospital system. Dr. Perlin discussed the advantages and challenges of being in a leadership position in a large scale healthcare system. “There’s a lot to manage,” Perlin admitted, “but the responsibility of human life is equally profound across all settings.”

In May, Dr. Sparer interviewed Dr. Steve Corwin, President and CEO of New York-Presbyterian Hospital. Corwin shared personal stories and spoke about his long career at NYP and his transition into management. “Leadership, in my opinion, is really about relationships,” Corwin said. “You have to be able to relate on a visceral level with people.”



Dr. Michael Sparer interviewing Dr. Jonathan Perlin

Corwin also discussed the current state of the ACA under the Trump administration. “Ironically, and historically, the idea of the individual mandate and the individual insurance exchanges was a Republican idea,” Corwin noted. “Part of the problem for the Republicans now is that the ACA was the compromise.”

Book Launch: Chelsea Clinton and Devi Sridhar's *Governing Global Health, Who Runs the World and Why?*

By Laryssa Boyko (MPH '17)

On March 2, 2017, Columbia University Medical Center students and faculty gathered in the Vagelos Education Center to hear co-authors Chelsea Clinton and Devi Sridhar present a lecture as a part of the book launch for *Governing Global Health, Who Runs the World and Why?* The book examines and assesses the Global Fund, the World Bank, the World Health Organization and the GAVI Alliance on their governance structure, financing, transparency and accountability.

Clinton framed the book and lecture to examine global health governance through the four largest international health organizations. She distinguished between older and newer institutions. The Global Fund and GAVI are considered newer institutions that are public-private partnerships while the World Bank and the WHO are more traditional and multi-lateral. To illuminate the key differences, Clinton dove deeper into the inner workings of the institution, discussing their mandates as well as their leadership and governance structures.

Sridhar went on to explain that financing and money tends to drive policy. Looking first at the sharp increase of extra budgetary funding at the WHO, Sridhar explained that specific funds are designated by specific donors, such as countries, leaving only a small fraction for discretionary spending. Another trend is that more money is being pledged at the World Bank's International Development Association

Replenishment meetings. The largest contributors are consistently countries like the US, UK, France, Germany and Japan. In contrast, the Bill and Melinda Gates Foundation is at the top of the donor list for the GAVI Alliance. Dr. Sridhar concluded that although global health at first glance seems like an all encompassing global effort, the funding in fact shows that the core financing base is only a small number of countries and institutions. This puts organizations in a unique and often difficult position.

Clinton and Sridhar concluded the lecture with a summary of how the four organizations compare, how they can be reformed, how they have evolved and how global governance will look moving forward. Audience members were eager to ask questions on a number of topics from the lecture including how countries like the UK, with limited resources for their own national health systems, are topping the list as donors to organizations for global initiatives.

After the lecture, audience members moved to a reception where many waited in line to buy a copy of the book and have it signed by the co-authors before mingling with colleagues. Attendees continued the discussion around global health governance and how, as public health professionals, we can use this comparative scholarship to better understand the world we live in and how to leverage this knowledge for the greatest global good.

The Rosenberg Lecture on Healthcare Quality: Kate Spaziani on the ACA, its History and the Future of its Repeal

Elham Ali (MPH'18) & Fatema Begum (MPH'18)

"If you have access to care, it has to be of the highest quality accompanied with effective payment reforms that decrease the cost of healthcare over time. A critical part of the ACA ensures this," noted Kate Spaziani, Vice President of External Affairs New York-Presbyterian, during the Rosenberg Lecture on Healthcare Quality.

With over 13 years of legislative and legal experience, Spaziani served as senior policy advisor to Sen. Kent Conrad, where she led the health policy team during the development of the Affordable

Care Act (ACA) and the Health Care and Education Reconciliation Act. Spaziani, a lawyer by trade, has held numerous positions in the U.S. House of Representatives, serving on various committees and overseeing legislative activities for several representatives. While Spaziani touched on the quality measures of the ACA, she also provided an in-depth account of how the ACA developed.

Spaziani opened the talk by framing the history of the ACA. "2010 was a strategic year for the ACA to pass both houses of Congress and gain President Obama's signature," she recounted. The Senate

needed 60 votes to pass for non-budget matters. At the time, the US House of Representatives was safely Democratic as a result of the 2008 elections. They were one vote away from the supermajority of 60, which they needed to avoid any filibuster attempts and move forward with healthcare reform legislation. It was only on April 28, 2009 that the political dynamics shifted when Arlen Specter, Pennsylvania Republican, changed parties. This gave Senate Democrats that coveted 60th vote.

Under Obama's approval, the Senate, through its Finance Committee, became the fulcrum for a potential grand bargain on health reform. The senate created an informal group of three Democrats and three Republicans on the committee, including moderate Kent Conrad of North Dakota. Spaziani stated that, "Sen. Conrad, Chairman of the Budget Committee, had control of budget reconciliation. He believed that the legislative vehicle did not need 60 votes. But rather, the reason the ACA successfully passed was because the Senate designed a bipartisan bill with broad buy-in." The results were a three-legged stool of the ACA: (1) market reforms ensuring coverage to all who apply for insurance irrespective of pre-existing conditions (2) federal assistance including cost-sharing subsidies up to 400% above the federal poverty line and (3) an individual mandate and employer responsibilities.

In 2012 Spaziani experienced the impact of the ACA on a personal level. Her mother was diagnosed with stage three lung cancer. She began asking questions regarding her mother's treatment: Is this covered by health insurance? How will we afford cancer treatment? Who is a high quality provider? These questions mattered at a time when the administration highlighted the power of Medicare, the largest health insurance in the country, and emphasized the importance of assuring quality of care given high rates of hospital readmissions. "In theory, there is no difference between practice and theory. In practice, there is," she emphasized.

"If you have access to care, it has to be of the highest quality accompanied with effective payment reforms that decrease the cost of healthcare over time. A critical part of the ACA ensures this."

On the political front, sentiments against the ACA continued to grow with its three-legged stool. In terms of market reforms, Spaziani explained that the exchanges are in a tough place now. Humana exited the exchanges and the GOP defunded risk sharing programs that were designed to ensure plans that insurance companies were able to get paid until enough healthy people joined. There were efforts to level the playing field so that insurance plans did not practice "cream skimming" or selecting only healthy people. It took three years for full penalties to be established to discourage the latter action to occur. Federal assistance, the individual mandate, as well as Medicaid expansion are at risk.

With these offensives against the ACA and the ongoing plans to repeal and replace, President Donald Trump will be responsible for executive decisions and strategies to direct these quality provisions. The Centers for Medicare and Medicaid and some agencies under the US Department of Health and Human Services will be executing the current administration's quality legislation. "President Trump has enormous discretion of how he will ensure a high quality strategy for the quality of care Americans receive on Medicare and the role of exchanges in the quality debate," commented Spaziani.

During the lecture Spaziani highlighted the intentions of the quality improvement initiatives, including value-based purchasing, quality reporting, readmission reduction programs, data analytics disparities, Centers for Excellence, and more. These quality measures were created and approved by clinicians to improve care and increase healthcare access. These improvements were pivotal at a time when Americans believed that healthcare reform and socialized medicine were dangerous and un-American. Additionally, Spaziani argued that these quality programs were designed to cut costs and unnecessary healthcare expenditures in the long-term.

The lecture concluded with an audience Q & A. Spaziani was asked how to improve the ACA, given that the Republican-majority Senate realizes it will take a lot of effort to repeal. Spaziani responded, "For the past eight years, there were a lot of issues with the ACA that required fixing." Measures she cited included removing the Young Invisible Plan (YAP), addressing the policy that young adults stay on their parents' plan until the age of 26 and placing them on the exchanges under a cheap policy. She also noted the expense for young people on the exchanges and the need to adjust the ratio between young and old.

Hospitals have started moving in a positive direction. According to Spaziani, New York—Presbyterian Hospital (NYP) started a coalition of academic medical centers to work with CEOs and began building relationships with Republican and Democratic congressmen. Spaziani is inspired by the coalition-building and the activism to continue to provide quality of care to all Americans. "We are in a state of ready and activity."

Conventional Wisdom, A Conference

In late June HPM hosted a conference called *Challenging the Conventional Wisdom: Is the US Healthcare System as Bad as Critics Contend?* The conference was sponsored by the Health Policy Center at New York-Presbyterian Hospital. The program sought to examine longstanding assumptions about the presumed low performance of the US Healthcare System relative to those of other countries (the “conventional wisdom”) and set the stage for a special issue in *Journal of Health Politics, Policy and Law* (JHPPL). Read on for the conference program.

Panel One

Conventional Wisdom: The Comparatively Poor Outcomes on Infant Mortality and Life Expectancy is Clear Evidence of a Poor Performing US Healthcare System

Chair: Larry Brown

Author: Peter Muennig

Discussants: Michael Gusmano & Lisa Bates

Panel Two

Conventional Wisdom: The US Healthcare System is Replete with Waste and Inappropriate Variation

Chair: Joan Leiman

Authors: Adam Sacarny & Sherry Glied

Discussant: Mike Chernew

Panel Three

Conventional Wisdom: Health Care Prices: Explaining why the US is an Outlier

Chair: Larry Bartlett

Authors: Tal Gross & Miriam Laugesen

Discussant: Jerry Anderson

Panel Four

Conventional Wisdom: The Academic Medical Center is Too Expensive and Too Inefficient for the Transforming Health System

Chair: Herb Pardes

Author: Larry Brown

Discussant: Dan Fox

Panel Five

Conventional Wisdom: The US Public Health System is Underdeveloped & Undervalued when Compared to its Peers

Chair: Jon Gordon

Authors: Michael Sparer & Anne-Laure Beaussier

Discussant: Colleen Grogan

Panel Six

Conventional Wisdom: Other Nations Have a Better Mix of Primary Care Practitioners and Specialists

Chair: Michael Sparer

Author: Miriam Laugesen

Discussant: Victor Rodwin

Conclusion:

How Valid is the Low Performing System Diagnosis?

Chair: Larry Brown

Author: Mark Schlesinger

Discussants: Eric Patashnik & Herb Pardes

HPM Highlights

Marilyn Erazo (DUAL '17) and **Larry Joo** (MHA'17) are this year's recipients of the Foster G. McGaw Scholarship Award. This award is given to students in an AUPHA member program who have demonstrated academic excellence during their graduate studies.

Rebecca Reed (MPH '17) and **Christina Norwood** (MHA '17) have been awarded the Regina Loewenstein Prize for Academic Excellence in Health Policy and Management. This award represents outstanding achievement and promise in the field of health policy and management.

In June **Monica Mehta** and **Larry Marsh** (EXEC '13) hosted an alumni potluck gathering which included dinner and a talk by Prof. Michael Sparer.

HPM alum **Lee Eisenberg**, MD (EXEC '05) was awarded the President's Medal at St. John's University for his decades long commitment and service to the university,

its sports programs and his ongoing dedication to his annual medical missions abroad.

Fernando McLean (MHA '17) was selected as this year's HPM Marshal for the MSPH Commencement Ceremony.

Stephen Gamboa (MPH'18) and **Celia Wright** (MPH'18) were recipients of the David A. Winston Health Policy Fellowship. The aim of the Fellowship is to increase the number and quality of individuals trained in healthcare policy at the state and federal level by awarding deserving health policy



Ricardo Rivera-Cardona (Exec '17) receives notes while filming a new Exec video



Dr. Sheila Gorma and Dr. Michael Sparer with McGaw Scholarship and Lowenstein Prize recipients

students financial support to further their education.

Michelle Aiyanyor (MHA '18) was recently named one of Healthcare Leaders of New York's 2017 Achievement Award Scholarship recipients.

Divya Devli (MHA'17) was the recipient of MSPH's Campbell award as well as the Outstanding Teaching Assistant Award.

Arthur Gianelli (EXEC '08) received the 2017 Senior Level Healthcare Executives Regent's Award.

2016-2017 Department Fund Donors

HPM is proud to recognize the individuals and organizations that have contributed to our department fund this year.

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Save the Date:

HPM Fall Networking Event
Thursday, November 9, 2017

HPM Healthcare Conference
Friday, April 20, 2018

Tours & Naming Opportunities:

For a tour of HPM's new offices, to learn about naming opportunities, or for more information on how to contribute, contact Kim Peters: kp2697@columbia.edu (212-342-0235)

Alumni:

Email Beth Silvestrini: bs2520@columbia.edu to get involved or update your contact information

Contact HPM to share your updates:

Email Carey McHugh: ctm2101@columbia.edu



Students at this year's HPM Healthcare Conference

THE LINK

A Health Policy &
Management Newsletter

Issue
Spring 2017

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